or type. Form designed for use on elite (12-pitc	5. 2050–0039 (Expires 9-30-99) See Instructions on back of page 6. Som designed for use on elite (12-pitch) typewriter.				
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. , A C A D Ø 8 6 5 1 Ø Ø 5	Manifest Document No.	2. Page 1	Sacramento, California Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address OEING REALTY CORP 9503 NORMANDIE AVE ORRANCE CA 90502-1109 Generator's Phone (562 627-3014			State Manifest Docum	98342433	
Transporter 1 Company Name	6. US EPA ID Number	-	State Transporter's ID Transporter's Phone		
Transporter 2 Company Name	8. US EPA ID Number	E .	State Transporter's ID		
Designated Facility Name and Site Address 10. US EPA ID Number HEMICAL WASTE MANAGEMENT, INC. 5251 OLD SKYLINE ROAD			G. State Facility's ID CA-7-COOP-46-17 H. Facility's Phone		
ETTLEMAN CITY CA 93239	C A T 0 0 0 6 4		The second	(209) 386-9711	
US DOT Description (including Proper Shippi	· · · · · · · · · · · · · · · · · · ·	No. T	ype Quantity	14. Unit Wt/Vol I. Waste Number	
° RQ, POLYCHLORINATED	BIPHENYLS, 9, UN2315, III	DISIO	TODOI	State 611 EPA/Other	
. b				State EPA/Other	
				State EPA/Other	
d .				State EPA/Other	
Additional Descriptions for Materials Listed Ab. DZ2090 Special Handling Instructions and Additional		K. 9	Handling Codes for W	rastes Listed Above b. d.	
	onse Information (800)424				
marked, and labeled, and are in all respects If I am a large quantity generator, I certify t	clare that the contents of this consignment are fully and in proper condition for transport by highway according to the condition for transport by highway according to the condition of the cond	ng to applicable internant toxicity of waste greatly available to mo	ational and national g	povernment regulations. Let I have determined to be economically	
red/Typed Name Tothu MARASS Iransporter 1 Acknowledgement of Receipt of	Signature Mongle	Jan.		Month Day Yes - 7 1 3 9	
rransporter 2 Acknowledgement of Receipt of	Signature	2/m		Month Day Yes	
nted/Typed Name	Signature	·		Month Day Yea	
9 Discrepancy Indication Space					
20 Facility Owner or Operator Certification of re	ceipt of hazardous materials covered by this manifest	except as noted in Item	119.		
Printed/Typed Name Run Brand	Signature	as no so in heli		Month Day S Yea	

DO NOT WRITE BELOW THIS LINE.